

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1400 W. WASHINGTON, ROOM 240, PHOENIX, ARIZONA 85007-2937

PHONE (602) 364-1738 ♦ FAX (602) 364-1039

www.vetboard.az.gov

PREMISE INSPECTION REPORT

Premise Name: _____ Premise No: _____

Premise Address: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone: (____) _____ Business Hours: _____

Responsible Veterinarian: _____ License No: _____

REASON FOR INSPECTION

New Premise	New Responsible Vet	New Owner	Address Change
Scope of Service Change	Complaint	If other, please explain:	

PREMISE TYPE

Clinic (No housing)	Hospital (Housing)	Vaccination Clinic	Emergency Clinic – 24hr	Spay/Neuter Clinic
Specialty Clinic	Mobile Clinic	Mobile Unit	If other, please explain:	

TYPE OF PRACTICE

Small Animal	Large Animal	Avian	Exotic	If other, please explain:
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SERVICES OFFERED

(USE A "0" IF OTHER CLINIC IS USED)

Housing	Surgery	Diagnostics Including Radiology	Pharmacy	Emergency
Boarding	Grooming	Transporting	If other, please explain:	

EXAMINATION ROOMS

1. Are the tables used for exams made of non-porous material?	R3-11-701 (3)	Yes	No
2. What disinfectant is used in the exam rooms?			

BUILDINGS AND GROUNDS

1. A) Is there a sign identifying the premise?	R3-11-701 (2)	Yes	No
B) If open after dusk, is sign illuminated?	R3-11-701 (2)	Not Open	Yes No
2. Are the hours of operation posted?	R3-11-701 (2)	Yes	No
3. Are premise entrances and exits safe and unobstructed?	R3-11-703 (1)	Yes	No
4. Are the grounds and premise free from refuse?	R3-11-703 (2)	Yes	No
5. Is the temperature ventilation comfortable (65° F - 90° F)	R3-11-703 (3)	Yes	No
6. Are floors, counters, tables and other equipment made of non-porous material that can be disinfected?	R3-11-703 (4)	Yes	No
7. Is there a working scale available?		Yes	No

EMERGENCY CARE

1. Does the facility provide after hours emergency care?	R3-11-502 (B)	Yes	No
2. Are there provisions to direct clients to emergency care when the vet is not available, including address and phone number of facility?	R3-11-502 (B)	Yes	No
3. Are copies of medical records and radiographs released to the animal owner or current treating vet if requested?	R3-11-501 (8)	Yes	No

PRACTICE MANAGEMENT

1. Is the owner given after care instructions?	R3-11-502 (E)	Verbal	Written
2. A) Is there written notice to the owner that trained personnel will not attend boarded or hospitalized animals beyond regular office hours?	R3-11-502 (A)	No Posted Sign Signed Form	
B) Does a staff member or veterinarian live on the premise?	R3-11-502 (A)	Yes	No
3. Are estimates of the cost of services provided to the owner?	R3-11-502(C)	No Verbal	Written
4. A) How is the animal owner's permission for euthanasia obtained?	R3-11-502 (F)	Verbal	Written
B) If verbal, is permission witnessed by 1 other person?	R3-11-502 (F)	Yes	No
5. Are the rules and statutes available?	Yes	No	Internet Access

HOUSING

1. Are there individual cages, compartments & kennel runs with latches that allow for patient comfort?	R3-11-701 (7)	Yes	No
2. Are there procedures in place for separating contagious or suspected contagious animals?	R3-11-502 (G)	Yes	No

SANITATION

1. A) Is there a refrigerator/freezer for animals pending necropsy or disposal pick-up?	R3-11-701 (5)	Yes	No
B) Name of crematory used.			
2. Is there storage and disposal for hazardous waste?	R3-11-701 (6)	Yes	No
3. Is there hot and cold water?	R3-11-701 (4)	Yes	No

SURGERY

1. How many surgery packs are available?			
2. Are instruments and supplies properly sterilized, including drapes and sponges?	R3-11-704 (2)	Yes	No
3. Are caps, masks, and sterile gloves and gowns available?	R3-11-704 (1)	Yes	No
4. Is oxygen available for animals receiving general anesthesia?	R3-11-704 (3)	Yes	No
5. Is there a surgery light?	R3-11-704 (5)	Yes	No
6. Is emergency lighting available?	R3-11-704 (6)	Yes	No
7. Have all expired supplies been removed?	R3-11-502 (D)	Yes	No
8. Are there procedures in place to visually monitor the patient's recovery until extubation and the animal is able to swallow?	R3-11-502 (H)(4)	Yes	No
9. Is there an anesthesia log and does it contain the following?	R3-11-502 (H)(5)	Yes	No
A) The animal's name and species?		Yes	No
B) The name of the animal owner?		Yes	No
C) The date of administration of anesthesia?		Yes	No
D) The recovery status of the animal?		Yes	No
E) The name of the veterinarian administering the anesthesia?		Yes	No

CONTROLLED SUBSTANCES

1. Are controlled substances under lock and key except when personnel authorized by the responsible veterinarian are present, including refrigerated controlled substances?	R3-11-805 (A)	Yes	No
2. A) Have the expired controlled substances been removed?	R3-11-502 (J) (2)	Yes	No
B) If expired controlled substances are present, has DEA been contacted?		Yes	No
3. Is there a separate inventory log for controlled substances on the premise that has each drug name and strength separated containing the following?	R3-11-502 (K) (2)	Yes	No

A) Name of the controlled substance?		Yes	No
B) Strength of the controlled substance?		Yes	No
C) Date received by the veterinarian?		Yes	No
D) Amount received by the veterinarian?		Yes	No
E) Name of distributor?		Yes	No
F) Invoice number?		Yes	No
4. Is there a separate dispensing log for controlled substances on the premise that has each drug name and strength separated containing the following?	R3-11-502 (K) (3)	Yes	No
A) Name of the controlled substance?		Yes	No
B) Strength of the controlled substance?		Yes	No
C) Amount of the controlled substance?		Yes	No
D) Name of animal?		Yes	No
E) Name of animal owner?		Yes	No
F) Date dispensed?		Yes	No
G) Name of dispensing veterinarian?		Yes	No
5. Whose DEA number is used for purchasing controlled substances?			

PHARMACY

1. How is the owner notified that some prescriptions only and controlled products may be available at a pharmacy?	R3-11-801 (A)	Verbally Visibly Posted Written
2. Are prescription blanks available?	R3-11-801 (B)	Yes No
3. Are childproof containers available?	R3-11-801 (A)(B)	Yes No
4. Are there labels? And do they contain the following:	R3-11-802	Yes No
A) Name and phone number of the premise?	R3-11-802	Yes No
B) Dispensing veterinarian's name, address and phone number?	32-2281 (A)(1)(a)	Yes No
C) The date the drug was dispensed?	32-2281 (A)(1)(b)	Yes No
D) The animal's name and owner's name?	32-2281 (A)(1)(c)	Yes No
E) The name, strength and quantity of the drug?	32-2281 (A)(1)(d)	Yes No
F) Directions for use and precautionary statements?	32-2281 (A)(1)(d)	Yes No
5. Are prescription-only drugs stored in an area not accessible to the public unless accompanied by staff or the veterinarian?	R3-11-805 (C)	Yes No
6. Have expired prescription-only drugs been destroyed within 30 days of expiration or returned to the distributor/manufacturer, including injectables, refrigerated items and bathing products?	R3-11-502 (J)(2)	Yes No

Expired Drug Name	Expiration Date	Amount

EQUIPMENT

A responsible veterinarian shall ensure that equipment and supplies are available on the veterinary medical premises of an adequate number and type to provide the veterinary medical services that are offered at the veterinary medical premises	R3-11-702	Vet Initials
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RADIOLOGY

1. Are radiographs permanently labeled with the following:	R3-11-502 (M)	Yes	No
A) Name of animal owner?		Yes	No
B) Name of animal?		Yes	No
C) Date radiographs was taken?		Yes	No
D) Name of vet or veterinary premise?		Yes	No
E) Anatomical orientation?		Yes	No

MEDICAL RECORDS

1. Number of medical records reviewed. Do they contain the following?		
2. Owner name, address and phone number?	R3-11-502 (L)(1)	Yes No
3. Description, sex, breed, weight and age of the animal?	R3-11-502 (L)(2)	Yes No
4. Date of veterinary medical service?	R3-11-502 (L)(3)	Yes No
5. Results of exam, including TPR and general condition?	R3-11-502 (L)(4)	Yes No
6. Animal's tentative or definitive diagnosis?	R3-11-502 (L)(5)	Yes No
7. Treatment provided to the animal?	R3-11-502 (L)(6)	Yes No
8. Name of each medication administered, including concentration, amount, frequency and route of administration?	R3-11-502 (L)(7)	Yes No
9. Name of each medication prescribed, including concentration, amount and frequency?	R3-11-502 (L)(8)	Yes No
10. Name and result of each diagnostic and laboratory test performed?	R3-11-502 (L)(9)	Yes No
11. Signature or initials of the person making the entry in the medical record?	R3-11-502 (L)(10)(11)	Staff: Yes No Vet: Yes No
12. Within 6 hours of an anesthesia or surgery, an exam including, the animal's TPR, diagnosis and general condition?	R3-11-502 (H)(2)	Yes No
13. A HR and RR recorded immediately after anesthesia is administered and monitored and recorded every 15 minutes thereafter?	R3-11-502 (H)(2)	Yes No

MEDICAL RECORDS REVIEWED

Owner name	Animal name	TPR	Exam Results	Diag	Treat	Med Admin/RX	Lab Results	Initial/ Sign	Sx Exam	Sx Monitor
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										

MOBILE CLINICS

Designed to function as a self contained clinic - R3-11-101(15)

The following are *additional* requirements for mobile clinics

1. Electrical power source?	R3-11-705 (B)(1)	Yes	No
2. Storage space for biohazardous waste pending disposal pick-up?	R3-11-705 (B)(2)	Yes	No
3. A separate storage space for transportation of deceased animals?	R3-11-705 (B)(3)	Yes	No
4. Vehicle license number?			
5. List any other premises used.			

MOBILE UNITS

Not designed to function as a self contained clinic from which out-patient services are delivered to temporary sites R3-11-101 (16)

1. List the fixed premise for the mobile unit.			
2. List any other premises used.			
3. Are controlled substances and prescription-only drugs accessible only by authorized personnel?	R3-11-706 (1)	Yes	No
4. Drugs and products are stored at temperatures according to manufacturer's labeling?	R3-11-706 (2)	Yes	No
5. Sterile surgical supplies and equipment are stored to maintain sterility?	R3-11-706 (3)	Yes	No
6. Vehicle license number?			
7. List surgeries and procedures performed at other premise(s).			
8. List surgeries conducted in the field.			

INSPECTION RESULTS

RULE	POTENTIAL VIOLATION

The undersigned was given a copy of the inspection results and/or the compliance inspector discussed the inspection results with the undersigned.

Inspector: _____ Date: _____

Veterinarian/agent: _____ Date: _____

PLEASE SEND YOUR WRITTEN PLAN FOR CORRECTING THE ABOVE REFERENCED ITEMS TO OUR OFFICE BY _____ FOR THE BOARD MEETING ON _____.

YOU MAY MAIL, EMAIL OR FAX THIS INFORMATION TO THE BOARD'S OFFICE:

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Inspection criteria is generalized and not all aspects or requirements may be required for the scope of the practice you provide.